

SERIAL NUMBER 09/244,374 REISSUE	FILING DATE 02/04/99	CLASS 450	GROUP ART UNIT 3741	ATTORNEY DOCKET NO. 1575.001
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APPLICANT

DAVID L. HOLLIDAY, JAMES ISLAND, SC.

\*\*CONTINUING DOMESTIC DATA\*\*\*\*\*

VERIFIED THIS APPLN IS A RE OF 08/617,507 03/15/96 PAT 5,769,688

ok

\*\*371 (NAT'L STAGE) DATA\*\*\*\*\*

VERIFIED

now

\*\*FOREIGN APPLICATIONS\*\*\*\*\*

VERIFIED

now

FOREIGN FILING LICENSE GRANTED 03/08/99

\*\*\*\*\* SMALL ENTITY \*\*\*\*\*

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY SC	SHEETS DRAWING 2	TOTAL CLAIMS 10	INDEPENDENT CLAIMS 2
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Verified and Acknowledged Examiner's Initials	Initials
ADDRESS B CRAIG KILLOUGH 134 MEETING STREET SUITE 300 P O DRAWER H CHARLESTON SC 29401	

TITLE ATHLETIC BREAST AND CHEST PROTECTOR	
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FILING FEE RECEIVED \$380	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT NO. _____ for the following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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